

DEPARTMENT OF KANSAS AMERICAN LEGION BASEBALL
REQUEST FOR DUAL PARTICIPATION
Request Must Be Made Prior to Dual Participation Date

I, the undersigned, hereby agree and confirm that I want to also play baseball for

(dual participation team name)

during the period _____
(dates of dual participation)

at my cost and risk. I understand and agree that I am not entitled to any expenses, compensation, salary or remuneration of any nature whatsoever as a condition to play for the aforementioned team. I furthermore agree and understand that in consideration for the American Legion granting me permission to dual participate, that certain risks are associated with such activities, which I hereby irrevocably and unconditionally release and waive all claims of any nature now or hereafter existing, whether known or unknown, against the American Legion and all of its employees, officers, partners, directors, shareholders, owners and/or affiliates resulting in whole or in part from my participation in such activities, INCLUDING ANY AND ALL CLAIMS THAT MAY ARISE IN WHOLE OR PART DUE TO THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES, to the fullest extent permissible by applicable law.

I understand that when the American Legion Zone tournaments begin that I must terminate my dual participation, or I will not be eligible to play for the American Legion.

I have carefully read the foregoing waiver and release, understand its content, meaning, and purpose, and agree to all the terms with full knowledge and understanding and without any coercion or duress.

Printed Name of Player Requesting Release

Signature

Printed Name of Player's Parent/Guardian

Signature

Printed Name of Legion Team Manager

Signature

American Legion Team Name

Date

Submit Completed form to The Department of Kansas:

Mail: 1314 SW Topeka Blvd., Topeka, KS 66617

email: headquarters@ksamlegion.org

Fax: 785-232-1399

Signature of Department Baseball Chairman